Frequently Asked Questions – Health Care Professional

1. Why has the Newfoundland and Labrador Prescription Drug Program (NLPDP) reduced the number of test strips a beneficiary can obtain under the program?

It is the responsibility of the NLPDP to ensure that we spend our public funds where scientific evidence support significant health outcomes. To achieve this, NLPDP uses evidence based decision making processes to consider coverage of medications and supplies under the program.

The Canadian Agency for Drugs and Technologies in Health (CADTH) released a report in Fall 2009 on its review of the clinical and economic evidence relating to use of Blood Glucose Test Strips. This study provided guidelines for the use of test strips in monitoring blood sugar. It was shown that many patients with Type 2 Diabetes are able to test blood sugar less often without negatively affecting their diabetes control. To ensure our public funds are spent wisely, NLPDP decided to implement changes which will result in lower maximum quantities of test strips per year.

2. How many Blood Glucose Test Strips are NLPDP beneficiaries eligible to receive?

Diabetes Treatment	**Maximum number of test strips per year**
Beneficiaries receiving short acting insulin (with or without non-insulin diabetes medications)	2500
Beneficiaries receiving long acting insulin (with or without non-insulin diabetes medications and **not** using short acting insulin)	700
Beneficiaries receiving **only** non-insulin diabetes medications	100
Beneficiaries newly diagnosed receiving **no** insulin or non-insulin diabetes medications	50

Beneficiaries being treated with insulin and/or non-insulin diabetes medications **NOT** funded through the NLPDP will require special authorization to obtain test strips.

Beneficiaries with gestational diabetes or pregnant with Type 2 diabetes can access test strips as determined by your physician through the special authorization process.

3. How often should patients be self-monitoring their blood glucose?

CADTH Research recommends:

- For people with Type 1 or Type 2 Diabetes who are using basal-bolus insulin regimens, SMBG should be individualized to guide adjustments in insulin therapy to achieve optimal blood glucose control.
- In adults with Type 2 Diabetes who are using basal insulin, SMBG should be individualized, but testing of up to 14 times per week should be sufficient for most patients at most times.
- Most adults with Type 2 Diabetes managed on oral antidiabetes drugs do not require routine SMBG. Periodic testing in selected patients (e.g., those with unstable glucose levels, acute illness, pharmacotherapy changes, risk of hypoglycemia with insulin secretagogues like glyburide) should be linked to specific patient actions (e.g., prevention or management of hypoglycemia, self-directed dosage adjustment).
- Most adults with Type 2 Diabetes controlled by diet alone should not require routine SMBG.

4. When will the changes for Blood Glucose Test Strips be in effect?

Changes will be effective July 1, 2016.

5. How can I assist my patient in adjusting to the new limits for Blood Glucose Test Strips?

NLPDP recognizes that Physicians, Diabetes Nurse Educators, and Pharmacists will have an essential role in communicating the details of the new policy to beneficiaries.

You can:

- Communicate the upcoming policy to individual beneficiaries (details sent in a bulletin).
- Explain (using CADTH resources as a guide) that testing less often and with a purpose does not translate to a detrimental effect on the individual's diabetes.
- Offer take away resources.

Resources:

- http://www.cadth.ca/en/products/optimal-use/diabetes-month/self monitoring-of-blood-glucose
- Http://www.health.gov.nl.ca/health/prescription/index.html

6. What if my patient uses up the annual Maximum before the end of the year?

If your patient exceeds the annual maximum, a Special Authorization Request Form will need to be submitted by the patient's Family Physician, Diabetes Nurse Educator, or other qualified Health Care Professional requesting additional test strips and reason the additional quantity is required.

The Special Authorization Request Form is located at http://www.health.gov.nl.ca/health/forms/index.html#4.

If approved;

- a patient receiving long acting insulin (with or without non-insulin diabetes medications and **not** using short acting insulin) will be authorized for an additional 100 test strips annually,
- a patient receiving ONLY non-insulin diabetes medications will be authorized for an additional 50 test strips annually, and
- a patient receiving no diabetes medication or insulin will be authorized for additional 50 test strips annually.

7. What if the 50 Blood Glucose Test Strips provided to the patient expire before (s)he was able to use them?

Upon receipt of a Special Authorization Request Form from a Health Care Professional noting that the previous 50 test strips have expired, approval will be given for an additional 50 test strips. Fill dates must be 6 months apart.

The Special Authorization Request Form is located at http://www.health.gov.nl.ca/health/forms/index.html#4.

8. When is the annual maximum number of Blood Glucose Test Strips renewed? Calendar Year or July 1st each year?

The annual maximum number of test strips can be accessed every 12 month period. The period is based on the 12 months preceding the day you claim a prescription. Please note that fills for test strips prior to July 1, 2016 are not counted against the new limits.

For example, if you filled a prescription October 1st the 12 month period will be 12 months preceding October 1st.

9. Is prior approval required to get Blood Glucose Test Strips?

Type 2
For beneficiaries receiving long acting insulin (with or without non-insulin diabetes medications and **not** using short acting insulin), no prior approval is required to access the annual maximum of 700 test strips.

For beneficiaries receiving **only** non-insulin diabetes medications, no prior approval is required to access the annual maximum of 100 test strips.

For beneficiaries receiving no diabetes medications or insulin, no prior approval is required to access the annual maximum of 50 test strips.

Prior approval will be required in the following circumstances:

- If a beneficiary exceeds the annual maximums.
- If a beneficiary is being treated with insulin therapy not funded through the NLPDP.
- If a beneficiary has Gestational Diabetes or has Type 2 Diabetes and is pregnant and required to test more frequently.

Type 1 and Type 2 diabetes using short acting AND long acting insulins:
For beneficiaries with Type 1 Diabetes and beneficiaries with Type 2 diabetes using short acting AND long acting insulin (with or without non-insulin diabetes medications) no prior approval is required to access the annual maximum of 2500 test strips.

Prior approval will be required in the following circumstances:

- If a beneficiary exceeds the annual maximums.
- If a beneficiary is being treated with diabetes medication (insulin or orals) **NOT** funded through the NLPDP.

10. **Will current authorizations for test strips on file with NLPDP be honored when the new test strip policy comes into effect?**

No, NLPDP beneficiaries currently in receipt of special authorizations will be subject to a new expiration date of June 30, 2016. Affected beneficiaries will be notified by letter that a new special authorization request will be required.

11. How will I know how many test strips my patient has left for the year?

Once the new policy is launched on July 1, 2016, an individual's test strip amounts will be reset to zero. Upon each fill for test strips, a message will be returned with the claim indicating the number of test strips that remain for that beneficiary for the remainder of the year.

You can also call our office at (709) 729-6507 or toll free at 1-888-222-0533 and press option #1. We will be happy to assist you.

12. What is Medication Review for Diabetes?

Medication Review for Diabetes is for beneficiaries of the NLPDP who have been diagnosed with either Type 1 or Type 2 diabetes.

A community pharmacist can complete one face-to-face consultation per eligible beneficiary per year. A beneficiary with active coverage under the NLPDP, who has diabetes AND is being treated with insulin and/or diabetes medications is eligible for a medication review.

The purpose of a Medication Review is to:

- Improve the beneficiary's knowledge of and compliance with his/her medications.
- Minimize side effects with a view to improve overall safety and health outcomes.
- Solve drug related problems where possible and within a pharmacist's scope, prevent emergency room visits and hospitalizations.
- Reduce wastage of medication.
- Instruct beneficiary on the use and disposal of medications and/or supplies.
- Discuss the impact of lifestyle changes on health.
- Recognize the role of the pharmacist in providing additional cognitive services to NLPDP beneficiaries.

Pharmacists should refer to Bulletin 99, dated June 25, 2014 for further information.